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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

Serial No. **27378878**
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER EXAMINATION		AFTER REEXAMINATION	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1	
2						
3						
4						
5						
6						
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7						
8						
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41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL			14		3	
TOTAL			192		115	
TOTAL			206		116	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
61						
62						
63						
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99						
100						
TOTAL						
TOTAL						
TOTAL						

COLT

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILED DATE

02/318878

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
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12						
13						
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39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

COLT

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 477)

SERIAL NO.

APPLICANT(S)

FILING DATE

517378878

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT							
	NO.	OFF.	NO.	OFF.	NO.	OFF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.							TOTAL NO.					
TOTAL OFF.							TOTAL OFF.					
TOTAL							TOTAL					

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MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO 476)						SERIAL NO. 09/378878		FILING DATE	
CLAIMS									
AS FILED		AFTER TRANSFORMATION		AFTER REINVENTION					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61			
2			1			62			
3			1			63			
4			1			64			
5			1			65			
6			1			66			
7			1			67			
8			1			68			
9			1			69			
10			1			70			
11			1			71			
12			1			72			
13			1			73			
14			1			74			
15			1			75			
16			1			76			
17			1			77			
18			1			78			
19			1			79			
20			1			80			
21			1			81			
22			1			82			
23			1			83			
24			1			84			
25			1			85			
26			1			86			
27			1			87			
28			1			88			
29			1			89			
30			1			90			
31			1			91			
32			1			92			
33			1			93			
34			1			94			
35			1			95			
36			1			96			
37			1			97			
38			1			98			
39			1			99			
40			1			100			
41			1						
42			1						
43			1						
44			1						
45			1						
46			1						
47			1						
48			1						
49			1						
50			1						
TOTAL NO.		91				TOTAL NO.			
TOTAL OFF.		99				TOTAL OFF.			
TOTAL		110				TOTAL			

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MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 09/088878		FILING DATE	
CLAIMS									
AS FILED		AFTER REACHING		AFTER REACHING					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41									
42									
43									
44									
45									
46									
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49									
50									
TOTAL NO.						TOTAL NO.			
TOTAL OFF.						TOTAL OFF.			
TOTAL						TOTAL			

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 02/378878		FILING DATE	
CLAIMS									
AS FILED		AFTER IN AMENDMENT		AFTER BY PROSECUTOR					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41									
42									
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50									
TOTAL NO.						TOTAL NO.			
TOTAL OFF.						TOTAL OFF.			
TOTAL						TOTAL			